

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number:

## Instructions

- 1 Print in ink or type.
- 2 Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 3 This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY  
Postmark Date: 10/21/02

LA/02

1021482

1. NAME: Moyer, Inc. LLC A  
Last First Middle Suffix

2. BUSINESS PHONE: (225) 983-8422

3. BUSINESS ADDRESS: 931 Lakeside Dr. Blk 1A 70802-4448  
Street and No. 931 Lakeside Dr. City Blk 1A State LA Zip 70802-4448

MAILING ADDRESS: P.O. Box 5704 LLC A  
Street and No. P.O. Box 5704 City LLC State A Zip LA

4. EMPLOYER: Moyer, Inc. LLC A

5. EMPLOYER'S ADDRESS: Sacramento CA 95814  
Street and No. Sacramento City CA State CA Zip 95814

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ... No ...

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: LA Farm Bureau Federation  
Address: 7011 Airline Hwy Blk 1A 70815

Business or purpose: Represent Agriculture in LA  
 New Representation  
Does this person pay you? Yes

If No, who pays you? Moyer, Inc.

Terminated Representation as of ...

## SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist